

The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Wellingborough

Inspection report

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14 December 2020
18 December 2020

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Care Bureau Wellingborough is a domiciliary care agency. It provided personal care to 102 people living in their own homes at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People and relatives said the staff provided safe, good care. They told us the staff were caring and they got on well with them. A relative told us their relative had a good relationship with their care staff.

People were risk assessed when they began using the service and staff knew how to keep them safe. Staff provided personalised care and were knowledgeable about people's preferences as to how they wanted their care provided.

Relatives were satisfied with the times of the calls; however, people had reported care staff being late on occasions. The provider said the service had done its best to get to people on time during the COVID-19 pandemic and staff would continue to strive to be as punctual as possible.

Staff protected people from the spread of infection. They were trained in infection prevention and control and used the required personal protective equipment including masks, gloves, aprons and goggles as necessary. The provider kept staff up to date with any improvements or changes to infection control policies and procedures. The provider audited all aspects of the service to help ensure people were receiving good quality, safe care.

During the Covid-19 pandemic, peoples', relatives' and staff views were collected by phone and surveys. The staff worked in partnership with local health and social care professionals to ensure people accessed services they were entitled to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 March 2020).

Why we inspected

We received information of concern about infection control and prevention measures at this service. This was a targeted inspection looking at the infection control and prevention measures the provider had in place.

We inspected and received some further concerns which required further investigation, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <location name> on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check on specific concerns we had about the service in relation to their infection prevention and control practices and oversight of whether safe moving and handling practices were carried out by care staff.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, with another inspector who made calls to people and relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure staff were able to speak with us.

Inspection activity started on 25 November 2020 and ended on 18 December 2020. We visited the office location on 25 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Northamptonshire Country Council and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager and care workers.

We reviewed a range of records. This included three people's care records, including medication care plans. We looked at thirteen staff records in relation to staff competency. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and made calls to care staff. We looked at training information and quality assurance records. We spoke with one professional who regularly works with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People were protected from the risk of infection. The provider's infection prevention and control policy was up to date.
- Staff protected people from the spread of infection. A person said, "They always arrive wearing everything, masks, aprons, gloves and have a bottle of hand gel."
- Staff were trained in infection prevention and control and had good PPE supplies. A care worker told us, "We have just completed Covid-19 online training. I knew [infection prevention, control] before, however this covered recent updates of policy and this followed the government guidelines. We are given enough PPE".
- The provider had dealt with a concern relating to an isolated incident with regards to staff being unclear of the requirements of PPE when working with people who became distressed when seeing staff wearing facemasks. The provider had reminded staff of the government Covid-19 guidance so that they could take all the relevant precautions to keep people safe.

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce known risks associated with care and support.
- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to reduce the risk of harm to people.
- Risks associated with moving and handling had been considered. People had risk management plans in place which contained guidelines for staff on how to support them safely.
- Staff were knowledgeable about people's risks and took action to keep them safe. For example, a care worker told us they contacted a person's family, as their heating had stopped working. This was resolved quickly so that the person was no longer at risk and remained comfortable in their own home.

Staffing and recruitment

- There were enough staff employed to support people and meet their needs. The provider followed safe and effective recruitment practices to help ensure only suitable staff were employed.
- People were usually supported by a regular team of care staff in order to best meet their needs. However, a relative told us, "The care has got worse because [my relative] doesn't get the same care staff". The registered manager provided assurance that when and where possible, staff worked hard to communicate necessary staff changes to people and their families.
- Most people and their relatives were satisfied with the times of their calls, but others said that communication needed to improve with regards to when they were contacted when staff were running late. A branch scheduler is in place and senior staff audited call times and acted to address late calls, speaking with staff when and where necessary.

Learning lessons when things go wrong

- The provider had a system for reporting accidents and incidents. Records showed incidents were recorded clearly and information was shared with relevant bodies.
- Staff recorded all information and communications onto the provider's database, which senior staff monitored. The regional manager was involved in the process of analysing to see if lessons could be learned. Measures were taken to reduce the likelihood of recurrences in the future.
- A relative told us the provider had taken action following a safety concern and removed a care worker from their relative's care
- Issues were discussed during management updates and supervisions with staff to ensure staff understood and followed safe working practices.

Systems and processes to safeguard people from the risk of abuse

- Most people and relatives said the staff provided safe care. A person said, "They do everything I need." A relative told us, "[My relative] is very safe because they have regular care staff during the weekdays and different ones we know at the weekends."
- Staff were trained in safeguarding and understood their responsibilities to keep people from harm. They followed the provider's up-to-date safeguarding policies and procedures where necessary.

Using medicines safely

- The provider had clear, comprehensive medicines policies and procedures. Staff were trained in medicines management and assessed as competent before they could support people with their medicines.
- Relatives confirmed that people were prompted to take their medicines on time and recorded when they'd done this. A relative told us, "Care staff have to apply prescribed creams which they do, wearing gloves and sign the MAR sheet."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had involved people in decisions about care and support and responded to concerns. A relative told us, "Really happy with [my relative's] care staff. We have two way discussions and I'll call the office if there's a problem." Another relative told us, "I've got no concerns about the care staff, they can speak with [my relative] in Gujarati and they understand our culture."
- The majority of staff had positive views on their relationships with their colleagues. A care worker told us, "I think we look after people very well and support one another." Another care worker told us how they were supported in making a call to the emergency services. "[The supervisor] was brilliant, I was supported."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. The registered manager and staff told us families were always contacted following any incident. A relative told us, "My [relative] is high risk of falling and the care staff know to call me or another family member if something happens."
- The aims and objectives of the organisation were discussed with staff when they were employed and during management updates and supervisions sessions.
- The provider understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider carried out a series of audits covering all aspects of the service to monitor service provision and ensure the safety of people using the service.
- In response to the Covid-19 pandemic the management team had assigned supervisors to carry out spot checks on staff to ensure they were following infection control guidelines and wearing the right protective clothing as and when appropriate.
- The registered manager held regular management updates with the regional manager to discuss any issues relating to the care provision, recruitment and staffing concerns, in order to make improvements where necessary.
- Most people and relatives said staff contacted them if they were going to be late, but some said they were not always warned if care workers were delayed. The registered manager said it had been a challenge during

Covid-19, but they had a good team. They were keen to understand from people and relatives about what they could do better. They said they would ensure people and relatives were always informed if there was a delay.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff assessed people's needs before they began using the service and considered their equality and diversity needs and how these could best be met.
- Relatives spoke positively about the inclusive care received from The Care Bureau Wellingborough "We have care staff [who speak different languages], they understand and speak a few words with [my relative]."
- The management team used a number of ways to gain feedback from people receiving care and their relatives. The provider's satisfaction surveys included both postal questionnaires and telephone surveys. The registered manager advised that during Covid-19 they had sought feedback mainly from direct telephone calls in and from the office. This provided managers with assurances about the quality of the care being delivered to people in their own homes.

Continuous learning and improving care

- During our inspection a few people and relatives raised issues about the service that needed resolving. We discussed this with the registered manager who responded immediately, shared additional information, which gave us assurance.
- The registered manager had worked alongside the local authority to develop the care provision and increase capacity. The provider had taken on greater responsibility with extra monitoring requirements.

Working in partnership with others

- Staff worked with key health and social care professionals in the community to support people using the service including social workers, GPs and community nurses.
- There was a programme of ongoing staff training to ensure staff were skilled and competent.